

**CITY OF OVIEDO  
BUDGET TRANSFER/AMENDMENT DETAIL FORM**

**For Accounting use:**

Fiscal Year: 2013-14      Accounting Approval: \_\_\_\_\_  
 Period: \_\_\_\_\_      Entered By: \_\_\_\_\_  
 Transaction Date: \_\_\_\_\_      Group Number: \_\_\_\_\_

Department/Division HUMAN RESOURCES/BENEFITS  
 Dept. Authorization *Comma*

Account Number	Fund / Account Description	Increase	Decrease
510-9000-590.99-20 ✓	Contingency account		- \$5,296 ✓
510-5600-562.49-95 ✓	Wellness ✓	\$5,296	
<b>Count</b>	<b>TOTAL</b>	<b>\$5,296</b>	<b>\$5,296</b>
		-----Must Balance-----	
		(Do not use cents)	

**Notes / Comments**

The award of the group contract with Florida Blue included \$20,000 to be spent on employee wellness. These funds are to pay for the Angioscreens provided to employees and covered dependents to screen for the risk of heart disease and stroke.

The dates of service are 5/14/2014 and 8/19/2014.      Expenses of Wellness Fair 5/14/14 and Wellness Committee.

<b>Approved By:</b> Check Appropriate Box  OK DW 7/17/14	City Council: Exceeds \$35,000	Programs/Capital not budgeted must be presented to Council [Date Signed:	Resolution #
	City Manager: Less than \$35,000		Approval Date:
	Mgt Srvc Director: Internal		BA # - 2014- 080
	Signature: _____		

*Robert B. Hayes* 7/17/14